

AHM

ACADEMY OF
HAIR & MAKEUP



Scholarship Program Application Form

Giving back to help make a difference.



Our Scholarship Program

Our Scholarship Program is our way of giving back to our community the best way we know how; by offering our course for free. Our Scholarship program allows those who have experienced severe hardship and can not afford to pay for our course, the opportunity to complete our course and make a difference in their lives.

Not everyone is blessed with the same opportunities in life, and sometimes a lack of opportunities can lead us into a life that does not belong to us.

We get hundreds of applications every year and we can only grant our Scholarship to a handful of people, so we are very selective on whom we grant our Scholarship to by means of who we believe will benefit most from completing our course.

We ask applicants to use this form to apply for their Scholarship with us. This form is designed to be filled out in great detail so that we can have a full understanding of your situation. Some of the information we request is very sensitive. We also ask our applicants to verify their identification, so that we can run a police check. This is because we receive applicants from all walks of life, and as such, we occasionally need to take extra measures and precautions to learn more about particular individuals.

We will never disclose any of your personal information outside of the Academy without your consent.

If you are ok with disclosing your sensitive information to us and supplying us with your identification for the purposes of a police check, then please continue to apply. Please remember, applying does NOT guarantee you a spot in our Scholarship Program, and if you are successful, it may take a few months to get started in one of our courses.

“ *Every new beginning comes from some other new beginning's end* ”

COMPLETING YOUR APPLICATION



How to correctly complete and submit your application:

- 01** Ensure all your answers are in full, truthful and in detail, the more detail the better. If your application is incomplete then it will not qualify for our review and will automatically be withdrawn.
- 02** Ensure you have provided at least 2 professional references.
- 03** Ticked all boxes in the Agreement section sign and date it.
- 04** Please print, complete your form, scan and email your application to info@academyofhairandmakeup.com
Please ensure you submission is legible.

If you are successful in this stage, the next stage of your application will include a face to face chat with us and supplying us with 100 points of identification in coloured copies. Please note that your identification will be subject to a police check, this is because we extend our program to a variety of people with all sorts of backgrounds.

Only successful applicants will be contacted for the next stage of the application. We do not contact unsuccessful applicants. We receive hundreds of applicants each year, so a response can sometimes take weeks, if not months. We appreciate your patience.

Date Of
Application:

Which course are
you applying for?:

Personal Information

Full Name:

Mobile:

Email:

Address Line 1:

Address Line 2:

Postcode

How did you
hear about us?:

Current Employment Information (Fill out if applicable to you)

Name of current employer
(if any):

What is your current position?

How many hours a week do you currently work here, what days of the week are they?:

How long have you been working here?:

What are your future plans with this current employer?:

Please provide us with a senior/management reference from this employer.

By providing us with their name and contact number you give us consent to contact them and discuss your employment with them:

Previous Employment Information (Fill out if applicable to you)

**Name of previous employer
(if any):**

What was your position?:

How long were you employed here?:

Why did you leave?:

**Please provide us with a senior/management reference from this employer.
By providing us with their name and contact number you give us consent to
contact them and discuss your previous employment with them:**

Previous Employment Information (Fill out if applicable to you)

**Name of previous employer
(if any):**

What was your position?:

How long were you employed here?:

Why did you leave?:

**Please provide us with a senior/management reference from this employer.
By providing us with their name and contact number you give us consent to
contact them and discuss your previous employment with them:**

Education Information

Did you complete High School/VCE/ Year 12 equivalent? (Y/N):

If you didn't complete High School/ VCE/ Year 12 equivalent, please tell us why you didn't:

If you attended any part of High School please tell us the name of your school and the year you completed:

Do you have any further education? Y/N:

If applicable tell us the name of the institute(s) you attended:

What are the name(s) of the course(s) you undertook in further education?
(List more than 1 if applicable):

Did you complete your further education? If you didn't complete the course(s) in further education, please tell us why you didn't:

Let's get to know you better

What are you currently doing with your life at the moment?:

Three horizontal text input fields for the current life situation question.

Take a moment and tell us in detail about your story, what happened in your life that made you experience a high level of hardship? How did you end up in this situation?

Multiple horizontal text input fields for the detailed hardship story question.

Let's get to know you better

Continue your story here:

Multiple horizontal lines for text entry.

Let's get to know you better

Do you have children or other people who rely/depend on you or that you are caring for? If so, how many people, how old are they and how many hours a week do you look after them?

Three horizontal text input fields for providing details about dependents.

Why do you think completing one of our courses will help you through this hardship you are currently going through? What do you intend to do once you complete our course?

Multiple horizontal text input fields for providing a detailed response to the hardship question.

Let's get to know you better

What excites you most about the beauty industry? What do you like about it?

[Text input area for beauty industry question]

Besides the beauty industry, what else do you like? Do you have any hobbies? Is there anything that excites you or that you are passionate about?

[Text input area for hobbies and passions question]

If you aren't successful in your application, what do you think you will do with your life to progress forward?

[Text input area for future plans question]

Let's get to know you better - fill out if applicable to you

Have you ever been incarcerated/ gone to prison, jail or correctional facility? (Y/N)

If applicable, what was the reason you were there and how long were you sentenced for?

[Text input area for incarceration details]

Did you participate in any transitional programs while you were there?

If yes, did you complete them?

[Text input area for transitional programs]

If you did not complete them, tell us why did you not complete them:

[Text input area for reasons for not completing programs]

Please provide the name and direct contact details (preferably phone number) of a senior at the facility whom we can contact:

[Text input area for contact details]

Let's get to know you better - fill out if applicable to you

Have you ever gone to Rehabilitation Centre for substance abuse or as a requirement for your release from incarceration? (Y/N)

If applicable, what was the reason you were there and how long were you there for?

If you went to Rehabilitation for substance abuse, please tell us about it and advise us if you still have an addiction. If you are sober, how long have you been sober for?

Did you complete your rehabilitation program? (Y/N):

If not, why didn't you complete it?

Do you have intentions of trying again?:

Do you feel rehabilitated?:

Please provide the name and direct contact details (preferably phone number) of a senior at the rehabilitation facility whom we can contact:

What's covered in the Scholarship - Security Bond

Have you previously applied for a scholarship with us before? If yes, when did you apply?

Successful applicants who apply for our Scholarship program will be able to complete one of our courses for free, which means we take on your expenses for your tuition fee, and allow you to use all our tools and equipment for the duration of your course. Because you will be borrowing our tools and equipment for free and to ensure our scholarship applicants are committed to completing their course, we require a security bond of \$500. This security bond will be required upon accepting our Scholarship offer and will be returned to you in full when you complete your course, provided the following terms and conditions are met:

-All tools and equipment borrowed and assigned to you by the Academy of Hair and Makeup Pty Ltd are returned on the final day of your course, regardless if you complete your course or not.

-All tools and equipment that have been assigned to you must not be damaged or broken upon returning them. If you notice any damages to your tools and equipment then you must let the Academy of Hair and Makeup Pty Ltd know within 24 hrs of receiving them, otherwise, your security bond will be retained to cover the damages.

-To ensure our Scholarships are awarded to the right people, meaning those who are serious about their new career and who are completely dedicated to their course, your security bond will only be returned upon completion of your course. If you do not complete your course, then we will retain your security bond as compensation for not being able to fill in your place with another Scholarship applicant or a full fee-paying student.

-If you are unable to complete your course in time, or defer your course, then you will have 12 months from the original completion date to complete your course. If you take longer than 12 months to complete your course then we will not return your security bond and your scholarship will no longer be available.

In summary the scholarship covers:

-Full tuition fee for one of our courses

-Tools & equipment needed to complete the course (on a lending basis only).

Makeup and Hair products will not be supplied outside of the classroom.

The Scholarship does not cover any products, tools and equipment for our Lash Application course, it only covers the Lash Application Tuition Fee.

Agreement Part 1 of 3

Please tick the following statements to acknowledge you have read, understood and agree with each of them:

- I acknowledge that this application is only available for one of the Academy of Hair & Makeup's professional courses.
- I understand that the Academy of Hair & Makeup receives hundreds of applications every year, and because of this, they are very selective of who they reward their scholarship to. I understand that I may not be selected.
- I understand that the Academy of Hair & Makeup does not discriminate against, age, sex, race, gender, or anything else. The Academy of Hair & Makeup takes on everyone's application independently and chooses their applicant based on whom they believe will benefit most from their Scholarship program along with availability they have in their classroom.
- I understand that the Academy of Hair & Makeup will only contact those applicants who have been selected to move forward with the application process. The Academy of Hair & Makeup will not contact/reply to all unsuccessful applicants.
- If I am selected to progress to the next stage of this application, I understand that it may take weeks, if not months to receive a reply from the Academy of Hair & Makeup.
- If I progress to the next stage of my application, I understand that I will be contacted for a meet and greet conducted face to face or video call.
- In verifying my story, I consent for the Academy of Hair & Makeup to contact my references stated above. If I have not provided any references above, then I will provide at least 2 professional references below (can not be family or friends). I understand that they will be inquiring with my references about my story and current state.

Professional Reference 1: Name, Phone, How do they know you? (not family or friend)

Professional Reference 2: Name, Phone, How do they know you? (not family or friend)

Agreement Part 2 of 3

Please tick the following statements to acknowledge you have read, understood and agree with each of them:

I agree to the security bond terms and conditions stated above and acknowledge that in order to undergo their scholarship program I will need to pay for the security bond of \$500 upfront, upon accepting the Scholarship. My security bond will be returned to me provided the terms and conditions stated under 'Security Bond' are met.

I understand that in order to inspire and help others in our community, it will be important to share my story. I consent to have the Academy of Hair & Makeup Pty Ltd share my story on their website/social media or offline, wherever they see fit for the professional purposes of informing those who may also be interested in applying for their Scholarship program. If I do not wish to disclose certain information about my story or disclose my true name and identity, then I will write down what information I do not wish to have published below.

We are very honored to have gained your trust in telling us your story, we know that it is very personal to you, so please rest assured we will never misuse any of the information you have provided, and never reveal anything you do not want us to. However, we do ask that you allow us to share as much of your story as possible with others, for the simple reason that it will help someone else in need. They will hear about your story and it will inspire them to do the same.

Please note down in dot point, anything you do not wish for us to share with others:

Five horizontal text input fields for providing information.

Agreement Part 3 of 3

Please sign and tick the following to declare that you have read, understood and agree to all sections of our Scholarship application form. By signing you also acknowledge that all the information is truthful and correct.

I, _____,

of sound mind and body agree to all aspects of this Scholarship Application Form. I voluntarily sign, agree and understand that signing does not guarantee acceptance into the Academy of Hair & Makeup's PTY LTD Scholarship Program.

(Under 18 years old, please have your legal guardian fill out their name and sign below on your behalf)

I, _____,

am the legal guardian of the Scholarship applicant who is under 18 years old, and I take on full responsibility for everything stated above on behalf the underage applicant.

Signature of Applicant :

Signature of legal parent/guardian of the applicant under 18 years old:

Date signed:
